



NORTH CAROLINA EDUCATION LOTTERY RETAILER RENEWAL APPLICATION

North Carolina Education
Lottery
2100 Yonkers Rd
Raleigh, NC 27604
(877) 382-4530
TTY: (888) 663-0154

***Contracts will be valid for three (3) years when renewed**

Section A: Please Provide Retailer IDs for All Stores Owned

Retailer ID:	Business Legal Name/Tax Name:	Doing Business As:
Retailer ID:	Business Legal Name/Tax Name:	Doing Business As:
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Entity Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (Specify) _____		FEIN (SSN if Sole Proprietorship):

Section B: Please complete the following

NCEL Self-Certification of Compliance with the Americans with Disabilities Act: Title III of the Americans with Disabilities Act (ADA) requires public accommodations to provide goods and services to people with disabilities on an equal basis with the rest of the general public. I understand that failure to ensure that my facility is in compliance with Title III of the Americans with Disabilities Act may jeopardize my eligibility as a North Carolina Education Lottery Retailer. I certify that I have inspected my premises and that my facility is in compliance with Title III of the Americans with Disabilities Act or that I will endeavor to make NCEL goods and services accessible through alternative methods. ☐ Yes ☐ No

NCEL Sales to Minor Policy: I certify that I will comply with North Carolina General Statute § 18C-13(d), which prohibits the sale of lottery tickets to anyone under the age of 18. I understand my obligation to establish necessary safeguards to ensure that no sales are made or prizes paid to person under the age of 18. ☐ Yes ☐ No

Section C: Please provide requested information for ALL store owners or operating officers

Owner/Officer Name:	DOB:	SSN:	% Ownership or Officer interest:
Home Address:			
Owner/Officer Name:	DOB:	SSN:	% Ownership or Officer interest:
Home Address:			
Owner/Officer Name:	DOB:	SSN:	% Ownership or Officer interest:
Home Address:			

Section D: Disclosure Information

I hereby certify the accuracy of information provided herein and that I am duly authorized to execute this application on behalf of:

Business Legal Name (list individual name if you are a sole proprietor) Doing Business As (if different from above)

Owner or Officer Name: _____ **Owner or Officer Signature:** _____ **Date:** _____

Notarial certificate for an acknowledgement: _____ County, _____ (State)

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: _____ (name of principal)

Date: _____

(Official Signature of Notary)

(Printed Notary Public Name)

(OFFICIAL SEAL)

My commission expires: _____

***If you need to renew for additional stores, or provide additional owner information, please do so on a second sheet.**